Name in Full: Susie Bowling

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sligo — County: Mont'g

Date of death 1909 — Month: Jan — Day: 2 — Years: 27 — Months: 3 — Days: 0

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Hm Sherbert Bowling

Father's Name: Hm T. Lindsay — Father's Birthplace: Va.

Mother's Maiden Name: Margaret McAlbery — Mother's Birthplace: "

Name of person giving In formation: Mrs. Hawkins — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Pulmonary Tuberculosis — How long: 4 yrs.

Immediate: Syncope — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. T. Brown

Address: Silver Spring Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full Jane Bowman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Kyattstown — County: Monty

Date of death 1909 — Month: Jan — Day: 28 — **Age** Years: 63 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Monty co md

Occupation: Housewife — Where Residing if not at place of death: —

Married, ~~Single or Widowed~~ — Name of Wife or Husband: Richard H. Bowman

Father's Name: John W. Darby — Father's Birthplace: Monty co md

Mother's Maiden Name: Ellen Eadler — Mother's Birthplace: Howard co md

Name of person giving Information: R. H. Bowman — How related to deceased: Husband

CAUSES OF DEATH

66

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 8 Months

Immediate: Heart failure — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Peels

Address: Clarksburg Md

Accident or Suicide

Name in Full: Richard Upton Bowman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Gaithersburg; County: Montg

Date of death: Month 1; Day 10; 1909

Age: Years 4; Months 8; Days 2

Sex: Male

Color or Race: Colored

Birthplace: Maryland

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Dont know

Father's Birthplace:

Mother's Maiden Name: Phebe Bowman

Mother's Birthplace: Maryland

Name of person giving Information: Opera Curtis

How related to deceased: Aunt

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

61

Primary: Acute Meningitis — How long: 3 wks

Immediate: Coma & Death — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. F. Hardy

Address: Gaithersburg Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Broadnax

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Rockville Md			County Montgomery		
Date of death 1908	Month 1	Day 1	Years Age 0	Months 0	Days 0
Sex Male		Color or Race Colored		Birthplace Md	
Occupation X			Where Residing if not at place of death X		
Married, Single or Widowed X		Name of Wife or Husband X			
Father's Name Lorenzo Broadnax				Father's Birthplace Md	
Mother's Maiden Name Octavia Newman				Mother's Birthplace Md	
Name of person giving information Lizzie Broadnax				How related to deceased Mother in law	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Still born	How long —
Immediate —	How long —
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician O. M. Lutherman
	Address Rockville Md
Accident or Suicide? X	

Name in Full: Nelson Elsworth Budd.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Norwood — Town; Montgomery — County

Date of death: 1909 — Month: Jan. — Day: 3rd

Age — Years: About 6 mos. — Months: — Days: —

Sex: Male

Color or Race: Colored

Birthplace: Montg. Co. Md.

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Nelson Everett Budd

Father's Birthplace: Montg. Co. Md.

Mother's Maiden Name: Dora Cook

Mother's Birthplace: Montg. Co. Md.

Name of person giving information: Laurence O. Budd

How related to deceased: Uncle

CAUSES OF DEATH

93

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: About one day

Immediate: Filling up of Lungs — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. Farquhar, M.D.

Address: Olney, Md.

Accident or Suicide?

Name in Full: Mary Elenor Dorsey / Unnamed baby - premature born

CERTIFICATE OF DEATH

MARYLAND

Died at: Boyds. Town | Montg County

Date of death 1909 Month: 1 Day: 31

Age: Years: 4 Months: — Days: 2

Sex: Female

Color or Race: Negro.

Birthplace: Boyds.

Occupation: —

Where Residing if not at place of death: —

~~Married, Single or Widowed~~: —

Name of Wife or Husband: —

Father's Name: Alex Corn.

Father's Birthplace: Germantown Md

Mother's Maiden Name: Sophia Doya.

Mother's Birthplace: Boyds Md.

Name of person giving Information: U. D. Nourse M.D.

How related to deceased: —

151

CAUSES OF DEATH

Primary: Premature birth. (Mother had tuberculosis - baby born 2 days before her death.)

How long: —

Immediate: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: U. D. Nourse M.D.

Address: Damascus Md.

Accident or Suicide:

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Name in Full: Sophia Corn.

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Boyds. County: Trinity

Date of death 1909 Month: 7 Day: 30 Years: 30 Months: — Days: —

Sex: Female. Color or Race: Negro. Birthplace: Boyds Md.

Occupation: Housewife. Where Residing if not at place of death: Germantown Md.

~~Married, Single~~ or Widowed. Name of Wife or Husband: Alex Corn.

Father's Name: Ruben Doya. Father's Birthplace: Trinity Co. Md

Mother's Meiden Name: Martha Turner. Mother's Birthplace: Trinity Co. Md.

Name of person giving Information: U. D. Source. How releted to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

27

CAUSES OF DEATH

Primary: Pulmonary Acute Miliary tuberculosis. How long: 3 mo.

Immediate: Asthenia. How long: 2 days.

Are the name, age, aex, color, date and place correctly given above? Yes

Signature of Physician: U. D. Source

Address: Damsonville Md.

Accident or Suicide

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 6-20--06

Name in Full: James Dawson 13

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) near Rockville (County) Montgomery

Date of death 1904 | Month 1 | Day 30 | Years Age 64 | Months — | Days —

Sex Mary | Color or Race White | Birthplace Maryland

Occupation Laborer | Where Residing if not at place of death X

Married, Single or Widowed Married | Name of Wife or Husband Unknown

Father's Name Laurina Dawson | Father's Birthplace Maryland

Mother's Maiden Name Mary Reger | Mother's Birthplace Virginia

Name of person giving information Thomas Dawson | How related to deceased Brother

CAUSES OF DEATH

10

PHYSICIAN OR CORONER

Primary Influenza | How long One month

Immediate Asphyxia | How long Half hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Edward Anderson M.D.

Address Rockville, Md.

Accident or Suicide? No

Name in Full: Mortimer H. Dodge

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Takoma Park — County: Montgomery

Date of death 1909 — Month: Jan. — Day: 7th — Age: Years 60 — Months 1 — Days less 2 days

Sex: Male — Color or Race: White — Birthplace: Cleveland, Ohio.

Occupation: Real Estate — Where Residing if not at place of death: Cleveland O

Married, Single or Widowed: Married — Name of Wife or Husband: Florence Britton Dodge

Father's Name: George C. Dodge — Father's Birthplace: Northrown

Mother's Maiden Name: Lucy Burton — Mother's Birthplace: Vermont

Name of person giving Information — How related to deceased

120

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Fell in room

Primary: Chronic Brights Disease & Locomotor Ataxia — How long: Years

Immediate: Fracture of Femur and Uraemia — How long: 2 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. H. Kress M. D.

Address: Takoma Park D.C.

Accident or ~~Suicide~~

OFFICE SUPPLY CO. 8-20--08

Name in Full: Guy Carlton Dorsey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Washington Sect (Town) Montg (County)

Date of death: 1909 Month: 1 Day: 12 Age: Years: 19 Months: — Days:

Sex: Male Color or Race: Colored Birthplace: Md

Occupation: none Where Residing if not at place of death: Emery Grove

~~Married~~, Single or ~~Widowed~~ Name of Wife or Husband:

Father's Name: Frank Dorsey Father's Birthplace: Md

Mother's Maiden Name: Rebecca Brooks Mother's Birthplace: "

Name of person giving information: Frank Dorsey How related to deceased: Father

61

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis How long: 3 Weeks

Immediate: ((How long: " " "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E H Etchison

Address: Gaithersburg Md

Accident or Suicide?

Name in Full: Harry Eaglen

CERTIFICATE OF DEATH

MARYLAND

Died at: Littonsville (Town) — Montgomery (County)

Date of death: 1909 — Month: 1 — Day: 21

Age: Years 31 — Months — — Days —

Sex: Male

Color or Race: Negro

Birthplace: Md

Occupation: Carpenter

Where Residing if not at place of death:

~~Married~~, Single ~~or Widowed~~

Name of Wife or Husband:

Father's Name: Phillip Eaglen

Father's Birthplace: Md

Mother's Maiden Name: Caroline Bell

Mother's Birthplace: Md

Name of person giving In formation: Wm H. Eaglen

How related to deceased: brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Pulmonary Tuberculosis — How long: about a year

Immediate: Exhaustion — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. L. Wright M.D.

Address: Forest Glen Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Edna Inez Edmonds

CERTIFICATE OF DEATH

MARYLAND

Died at: Rockville (Town) — Montgomery (County)

Date of death: 1909 — Month: Jan — Day: 20

Age: Years: 5 — Months: — Days:

Sex: female — Color or Race: black — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: Charles Edmonds — Father's Birthplace: Va

Mother's Maiden Name: Ella Proctor — Mother's Birthplace: Md

Name of person giving information: Ella P Edmonds — How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

92

Primary: Bronchitis — How long: 10 days

Immediate: Bronchopneumonia — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. A. Henderson M.D.

Address: Rockville Maryland

Accident or Suicide? no

PHYSICIAN OR CORONER

Name in Full: Agnes A. Eilker

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Village of Chevy Chase County: Mont

Date of death 1909	Month	Day	Years	Months	Days
	Jany	11	Age 02	6	2

Sex: Female | Color or Race: White | Birthplace: Wash. D.C.

Occupation: Married (Wife) | Where Residing if not at place of death: —

Married, ~~Single~~ or ~~Widowed~~ | Name of Wife or Husband: James McK. Eilker

Father's Name: Strobel | Father's Birthplace: Germany

Mother's Maiden Name: Strobel | Mother's Birthplace: Germany

Name of person giving In formation: J. D. Morgan | How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

121

Primary: Pyaemia (Nephrolithiasis) | How long: Some weeks

Immediate: Endocarditis | How long: Several weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James D. Morgan M.D.

Address: Chevy Chase, Md

~~Accident or Suicide?~~

PHYSICIAN OR CORONER

Name in Full: Frances Hackett

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Sandy Spring County: Montgomery

Date of death 1909 Month: Jan Day: 24 Years: — Months: Two Days: —

Sex: Female Color or Race: Colored Birthplace: Sandy Spring, Md.

Occupation: None Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband: None

Father's Name: Illegitimate (Walter Matthews) Father's Birthplace: Md.

Mother's Maiden Name: Josephine Hackett Mother's Birthplace: Md.

Name of person giving information: Harrison Edward Hackett How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

36

PHYSICIAN OR CORONER

Primary: Specific. Syphilis supposed. How long: Sure bow-supposed.

Immediate: Asthenia

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. Farquhar

Address: Olney, Md.

Accident or Suicide?

Name in Full: Richard Hazel Hickman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Colesville (County) Montg

Date of death 1909 Month Jan Day 13 Age Years 49 Months 2 Days 3

Sex Male Color or Race White Birthplace Md.

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Widower Name of Wife or Husband Unknown

Father's Name Wm Hickman Father's Birthplace Md.

Mother's Maiden Name Margaret Cooley Mother's Birthplace "

Name of person giving information Mrs. Young How related to deceased daughter

CAUSES OF DEATH

26

PHYSICIAN OR CORONER

Primary Tuberculosis of Throat. How long 5 yrs.

Immediate Asthenia How long 1 few hrs.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician W. T. Brown

Address Silver Spring Md.

Accident or Suicide?

Name in Full: Sarah Rebecca Hill -

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near Brinkloe (County) Montgomery

Date of death 1909 — Month: 1 — Day: 18 — Age: Years 18 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Montgomery Co.

~~Married~~, Single ~~or Widowed~~: Single — Occupation: none

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joseph Hill. — Father's Birthplace: Montgomery Co.

Mother's Maiden Name: Hattie Fitzhugh - — Mother's Birthplace: Va.

Name of person giving information: Joseph Hill. — How related to deceased: Father.

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — Following: —

Immediate: Pulmonary Tuberculosis — How long: about 18 mos.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. W. F. Green.

Address: Brookeville, Md.

~~Accident or Suicide?~~

LIBRARY BUREAU 4P8318

Name in Full: Wm Thos Hilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Barnesville; County: Montgomery; MARYLAND

Date of death: Month: Jany; Day: 26; 1909

Age: Years: 80; Months: —; Days:

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: Builder

Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~: Widower

Name of Wife or Husband: Rebecca Hilton

Father's Name: Jno Hilton

Father's Birthplace: England

Mother's Maiden Name: Mary Lemon

Mother's Birthplace: Maryland

Name of person giving Information:

How related to deceased:

CAUSES OF DEATH

120

PHYSICIAN OR CORONER

Primary: Chronic Interstitial Nephr. Art. & Scler. Senility — How long: 10 yrs?

Immediate: Uremia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Taylor & Darby

Address: Barnesville

Accident or Suicide:

Name in Full: Teresa Jamison

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Barnesville | County: Montgomery

Date of death: 1904 | Month: Jun'y | Day: 17 | Years: 81 | Months: | Days:

Age

Sex: F | Color or Race: W | Birthplace: Md

Occupation: Housewife | Where Residing if not at place of death:

~~Married, Single~~ or Widowed | Name of Wife or Husband:

Father's Name: L. J. Harding | Father's Birthplace: Maryland

Mother's Maiden Name: Mary Hace | Mother's Birthplace: Maryland

Name of person giving Information: | How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

92

Primary: Broncho Pneumonia & Facial Erysipelas | How long: 10 days

Immediate: Broncho Pneumonia | How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Taylor E Darby

Address: Barnesville, Md

Accident or Suicide:

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 5-20--08

Name in Full: Unnamed Infant Johnson

CERTIFICATE OF DEATH

MARYLAND

Town: Dansonville | County: Monty

Died at: Md

Date of death: 1909 | Month: 1 | Day: 20 | Years: — | Months: — | Days: —

Age

Sex: Male | Color or Race: Negro | Birthplace: Near Dansonville

Occupation: — | Where Residing if not at place of death: —

~~Married, Single or Widowed~~ | Name of Wife or Husband: —

Father's Name: Wm. Johnson | Father's Birthplace: Sugarland Md

Mother's Maiden Name: Dora Beander | Mother's Birthplace: Sugarland Md.

Name of person giving Information: Father. | How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Still born (premature birth) | How long: —

Immediate: — | How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: U. D. Sourse M.D

Address: Dansonville Md.

Accident or Suicide

PHYSICIAN OR CORONER

Name in Full: Alethea P. Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Martinsburg (Town) — Montgomery (County)

Date of death: Month: Jan. Day: 13, 1909 — Age: Years: 75 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Maryland.

Occupation: House Keeper — Where Residing if not at place of death: Martinsburg

Married, Single or Widowed: Widow — Name of Wife or Husband: Wm. P. Jones

Father's Name: Lexington Philips — Father's Birthplace: Md.

Mother's Maiden Name: Unknown — Mother's Birthplace:

Name of person giving Imformation: A. W. Wood. — How related to deceased: None.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

79

Primary: Mitral Insufficiency — How long: Unknown

Immediate: Cardiac Dilatation — How long: 14 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E W White

Address: Poolesville Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Harry Clifford Luckett 57

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Rockville; County: Montgomery

Date of death: Month: Jan.; Day: 28; Years: 11; Months: 0; Days: 27

Sex: male; Color or Race: Colored; Birthplace: Glenn, Md.

Occupation: ; Where Residing if not at place of death: ;

Married, Single or Widowed: Single; Name of Wife or Husband: ;

Father's Name: John Luckett; Father's Birthplace: Md.

Mother's Maiden Name: Mandy Nelson; Mother's Birthplace: Md.

Name of person giving information: Father John Luckett; How related to deceased: father

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ~~Tubercul~~ Tuberculosis; How long: 13 months

Immediate: Nephritis; How long: 6 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: George E. Lewis, M.D.

Address: Rockville, Md.

Accident or Suicide?

46

Name in Full W. H. Magruder

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Kensington — County: Montgomery — MARYLAND

Date of death 1909 — Month: January — Day: 2 — **Age** — Years: 74 — Months: 10 — Days: 2

Sex: Male — Color or Race: White — Birth-place: Md

Occupation: None — Where Residing if not at place of death: Same

Married, ~~Single~~ or Widowed: Widow — Name of Wife or Husband: Georgie Knowles Magruder

Father's Name: John S. Magruder — Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Orme — Mother's Birthplace: Md

Name of person giving Information: Clara Magruder — How related to deceased: daughter

119

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Organic disease of Liver & Lungs — How long: Several years

Immediate: Acute Inter. Nephritis — How long: One month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eugene Orme

Address: Kensington

Accident or Suicide: No

OFFICE SUPPLY CO. 2364

Name in Full: Michael O'Donnell.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Ashton — County: Montgomery

Date of death 1909 — Month: Jaury — Day: 21 — Years: 85 — Months: — — Days: —

Sex: Male — Color or Race: white — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death: Near Ashton

Merried, Single or Widowed: Single — Name of Wife or Husband: None

Father's Name: Timothy O'Donnell — Father's Birthplace: Ireland

Mother's Maiden Name: Bridget Donohue — Mother's Birthplace: Md -

Name of person giving Information: Miss Annie O'Donnell — How releted to deceased: Sister -

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

10

Primary: Influenza — How long: three weeks or more

Immediete: Asthenia Cardiac. — How long: Progressing

Are the neme, age, sex, color, dete and plece correctly given above ?

Signature of Physician: W. W. L. Eisel.

Address: Highland. Md.

Accident or Suicide

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 8-20--08

Name in Full: David M. Pickett

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died ~~at~~ Town: Near Mullinix | County: Montgomery

Date of death 1909 Month: Jan. Day: 23 Age Years: 56 Months: 11 Days: 5

Sex: Male | Color or Race: White | Birthplace: Howard Co., Md.

Occupation: Farmer | Where Residing if not at place of death: Howard Co. Md.

Married, ~~Single or Widowed~~ | Name of Wife ~~or Husband~~: Mariah Pickett

Father's Name: Chas. Pickett | Father's Birthplace: Carroll Co. Md

Mother's Maiden Name: Mary Ann Cotrell | Mother's Birthplace: Carroll Co. Md

Name of person giving In formation: Estella Pickett | How related to deceased: Daughter

CAUSES OF DEATH

79

PHYSICIAN OR CORONER

Primary | How long

Immediate: Heart Disease | How long: Unknown

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. M. Boyer

Address: Damascus Md.

Accident or Suicide?

Name in Full: Purdum

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Germantown, County: Montgomery

Date of death 190 9 — Month: 1 — Day: 19

Age — Years: — Months: — Days:

Sex: F. — Color or Race: W. — Birthplace: Md.

Occupation: — — Where Residing if not at place of death: —

~~Married~~, Single ~~or Widowed~~ — Name of Wife or Husband:

Father's Name: Jos. Jas. Purdum. — Father's Birthplace: Md.

Mother's Maiden Name: Laura May Davis. — Mother's Birthplace:

Name of person giving Information: — How related to deceased: Ind

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long:

Immediate — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. W. Simpers.

Address: Germantown.

Accident or Suicide

OFFICE SUPPLY CO. 23e4

Name in Full: Thos. J. Quinlan

CERTIFICATE OF DEATH

MARYLAND

Died at: Olney (Town) Montgomery (County)

Date of death: 1909 Month: Jany Day: 13

Age: Years 72 Months 3 Days 3

Sex: Male

Color or Race: White

Birthplace: Pa

Occupation: None

Where Residing if not at place of death: Same

Married, Single or Widowed: Married

Name of Wife or Husband: Ada Holmead Quinlan

Father's Name: Unknown

Father's Birthplace: Pa

Mother's Maiden Name: Unknown

Mother's Birthplace: Pa

Name of person giving information: Ed. H. Quinlan

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

66

PHYSICIAN OR CORONER

Primary: Organic dis. of heart & paralysis — How long: 2 years

Immediate: Paralysis — How long: One year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eugene Jones

Address: Kensington

Accident or Suicide? No

Name in Full David Rhinehart

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Boyds — County: Montg.

Date of death 1909 — Month: Jan. — Day: 20 — Years: 58 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: W. Va

Occupation: Farmer — Where Residing if not at place of death: —

~~Married~~, Single ~~or Widowed~~ — Name of Wife or Husband: —

Father's Name: ~~Unknown~~ Jonathan Rhinehart — Father's Birthplace: ~~Unknown~~ Md

Mother's Maiden Name: ~~Unknown~~ Zelpha R. Allan — Mother's Birthplace: ~~Unknown~~ Va

Name of person giving Information: ~~Thos. S. Boyd~~ — How related to deceased: Sister

CAUSES OF DEATH (20)

PHYSICIAN OR CORONER

Primary: Pyaemia — How long: 1 month

Immediate: Heart failure — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: R. E. Deeks — Address: —

Accident or Suicide: (over)

OFFICE SUPPLY CO. 8-20--08

capillary phlebitis - Purulent infection with formation of deep abscesses in different parts of body - would indicate sufficient cause for the trouble.

Name in Full: Anna Mary Siedling

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Rockville — County: Montg

Date of death: 1909 — Month: 1 — Day: 10 — Years: 40 — Months: 3 — Days: 28

Sex: F — Color or Race: White — Birthplace: Md

Occupation: Cook — Where Residing if not at place of death: Friendship

Married, Single or Widowed: Widowed — Name of Wife or Husband: George F. Siedling

Father's Name: Joshua Stuffer — Father's Birthplace: Md

Mother's Maiden Name: Virginia Zimmerman — Mother's Birthplace: "

Name of person giving Information: Mrs ~~Zimmerman~~ Stuffer — How related to deceased: Mother

CAUSES OF DEATH

120

PHYSICIAN OR CORONER

Primary: Brights Disease — How long: 4 Months

Immediate: Cirrhosis of Liver — How long: 2 Months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. E. Etchison

Address: Gaithersburg Md

Accident or Suicide?

Name in Full: Ella Sinyard

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Glenmont — County: Montgomery — MARYLAND

Date of death 1899 — Month: Jany — Day: 16 — Age: Years — Months — Days: 3 1/2

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: none — Where Residing if not at place of death: Same

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Jas. Sinyard — Father's Birthplace: Newfoundland

Mother's Maiden Name: Rachel Perry — Mother's Birthplace: Newfoundland

Name of person giving information: Jas Sinyard — How related to deceased: Father

151

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Catarrhal Jaundice — How long: 2 days

Immediate: Uremic Convulsions — How long: Few hours

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Eugene Jones

Accident or Suicide? No — Address: Kensington Md

Name in Full: James Stabler.

CERTIFICATE OF DEATH

MARYLAND

Died at: near Town: Brookville County: Montgomery

Date of death 1909: Month: January Day: 13 Years: Age 81 Months: 8 Days: 17

Sex: Male Color or Race: White Birthplace: near Brookville

~~Married, Single~~ or Widowed: Widowed. Occupation: Machinist

Name of Wife ~~or Husband~~: Phebe A. Stabler

Father's Name: Thomas Stabler Father's Birthplace: Montg. Co. Md.

Mother's Maiden Name: Elizabeth Brooke Mother's Birthplace: Montg. Co. Md.

Name of person giving information: Mary B. Brooke. How related to deceased: 2nd cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

64

PHYSICIAN ~~OR CORONER~~

Primary: Apoplexy How long: Instantaneous

Immediate:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. W. F. Green

Address: Brookville, Md.

~~Accident or Suicide?~~

Name in Full: Wm Francis Stewart

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Gaithersburg — Town

County: Montgomery

Date of death 1909 — Month: 1 — Day: 20

Years: 70 — Months: 10 — Days: 9

Sex: Male

Color or Race: Colored

Birthplace: Montgo Md.

Occupation: none

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: none

Father's Name: Benjamin Stewart

Father's Birthplace: Montgo Md

Mother's Maiden Name: Sarah Ann Wilson

Mother's Birthplace: Washington Dc

Name of person giving Information: Sarah Wilson

How related to deceased: mother

CAUSES OF DEATH

92

PHYSICIAN OR CORONER

Primary: Broncho Pneumonia — How long: 3 weeks

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H B Haddox

Address: Gaithersburg Maryland

Accident or Suicide?

Name in Full: Joseph Harris Stonestreet

CERTIFICATE OF DEATH

MARYLAND

Died at: Boonsville (Town) — Monty (County)

Date of death: 1909 Month: Jan Day: 13

Age: Years: 46 Months: 4 Days:

Sex: Male

Color or Race: White

Birthplace: Md.

Occupation: Physician

Where Residing if not at place of death: Boonsville

Married, Single or Widowed: Married

Name of Wife or Husband: Gertrude Wood

Father's Name: Benj Irving Stonestreet

Father's Birthplace: Md.

Mother's Maiden Name: Mary Ellen Sellmon

Mother's Birthplace: Md

Name of person giving information: Julia Harper

How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

92

Primary: Bronchial Pneumonia

Duration: 8 days

Immediate: Cardiac Asthenia

How long: 36 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E W White

Address: Boonsville Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Harold Waters

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Sandy Spring | County: Montgomery

Date of death: Month: Jan | Day: 30th | Years: 1909 | Age: 22 | Months: — | Days: —

Sex: Male | Color or Race: Colored | Birthplace: Montg. Co. Md.

Occupation: School Teacher | Where Residing if not at place of death:

Married, Single or Widowed: Single | Name of Wife or Husband:

Father's Name: John Waters | Father's Birthplace: Montg. Co. Md.

Mother's Maiden Name: Elizabeth Pratt | Mother's Birthplace: Montg. Co., Md.

Name of person giving Information: Elijah Hackett | How related to deceased: Cousin

CAUSES OF DEATH

(1)

PHYSICIAN OR CORONER

Primary: Typhoid Fever and Pneumonia | How long: 3 weeks & 2 days

Immediate: Asthenia | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. Farquhar

Address: Olney. Md.

Accident or Suicide?

Name in Full: Rose Williams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Rockville — County: Montgomery

Date of death: 1909 — Month: 1 — Day: 2 — Age: Years 68 — Months 6 — Days

Sex: Female — Color or Race: White — Birthplace: Rockville, Md.

Occupation: Housewife — Where Residing if not at place of death: X

Married, Single or Widowed: Widow — Name of Wife or Husband: Richard Williams

Father's Name: John W. Anderson — Father's Birthplace: Maryland

Mother's Maiden Name: Mira Magruder — Mother's Birthplace: Maryland

Name of person giving In formation: W. W. Anderson — How related to deceased: Brother

CAUSES OF DEATH

64

PHYSICIAN OR CORONER

Primary: Arteriosclerosis — How long: Eight years

Immediate: Cerebral Hemorrhage — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Anderson M.D.

Address: Rockville, Md.

Accident or Suicide?

Name in Full: William W Wilson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Bethesda County: Montgomery

Date of death	Month	Day	Years	Months	Days
1909	1	20	Age 3	2	

Sex: Male Color or Race: white Birthplace: Bethesda, Md.

Occupation: none Where Residing if not at place of death: ✓

Married, Single or Widowed: single Name of Wife or Husband: ✓

Father's Name: J. Herbert Wilson Father's Birthplace: Canada

Mother's Maiden Name: Mary Agnes Wilson Mother's Birthplace: Montg. Co. Md.

Name of person giving In formation: Mary a. Wilson How related to deceased: Mother

CAUSES OF DEATH (9)

PHYSICIAN OR CORONER

Primary: Laryngeal Diphtheria How long: 2 days

Immediate: Obstruction Respiration & Exhaustion How long: ✓

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John L. Lewis M.D.

Address: Bethesda, Md.

Accident or Suicide?